

upon this subject. Chronic articular rheumatism, they say, by its clinical course and symptomatic manifestations, recalls certain forms of trophic affections. It is generally acceded that the nerves are not affected in this disease, but P. and V. now show that this is not always the case. In two of their cases deep and diffuse changes were encountered. These two patients, during life presented all the pronounced symptoms of arthritis deformans, with severe osseous changes and also trophic affections of the skin and nails. The nerves were found to be the seat of parenchymatous neuritis. Whether the peripheral nerves are always thus affected, or whether the neuritis is simply due to a special localization of the rheumatism, are questions which the authors do not attempt to solve.

G. W. J.

#### MENTAL PATHOLOGY.

**Paretic Dementia and Cerebral Lues.**—Dr. HUGO ENGEL (*Medical Bulletin*, July, 1886) in defence of his position. J. McC—, after having suffered from headache, worse at night, for a considerable time, about a year or so ago, upon one night appearing before the public, had suddenly shown symptoms of aphasia, and of a loss of memory in general. From that time his mental faculties began to decline. After these symptoms of mental decay had been in existence for some time, paresis attacked various groups of muscles, and more decided psychical disturbances made their appearance, but he never exhibited any ideas of magnificence or grandeur. A person standing by the bed of the patient, while the latter was dozing, would have never imagined that he had a very sick man before him. The face looked well nourished, and there was nowhere to be seen that emaciation usually observed in far-advanced cases of paretic dementia. Instead of it, and while his complexion was almost florid, paled somewhat by long confinement, there was noticeable, especially between his brows, that peculiar dirty-yellowish discoloration which he had never found absent in cases of chronic syphilis. All the facts pointed to this malady: the history, its mode of commencement, its progress with the absence of hallucinations of magnificence, the apoplectic seizure, the well-preserved general nutrition, the characteristic discoloration over the forehead. It is unnecessary to say, basing the opinion only on evidence here given by Dr. Engel himself, that he has never seen a case of paretic dementia, and furthermore that he is totally unacquainted with the literature, otherwise he would know that, as a rule, while true paretic demented are well nourished, luetic cases are as frequently of an emaciated type. Furthermore, apoplectic attacks are a characteristic phenomenon. Delusions of grandeur are frequently absent in pure paretic dementia on the one hand, while in syphilitic cases they are as frequently present. The results of treatment neither prove nor disprove any thing, as chronic cerebral syphilis in which secondary degenerative changes

have occurred is intractable to any treatment. Dr. Kiernan (*Alienist and Neurologist*, 1883) pointed out that there was no means of distinguishing luetic from pure parietic dementia, and in an article evidently suggested by this, Dr. H. C. Wood (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, Periscope, 1885) enunciated the same opinion. John McCulloch, the patient referred to, is known, and can be proven to have exhibited grandiose delusions. So Dr. Engel is evidently unacquainted with the patient's full history. The discourtesy with which he publicly treated Dr. Nichols, of Bloomingdale (second to no American alienist), deserves a rebuke. No true physician would have, in the public press, proclaimed his ability to cure an affection pronounced practically incurable by the best authorities.

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**Surgery Among the Insane.**—In 1881, Dr. W. A. Hagenbach (*JOURNAL OF NERVOUS AND MENTAL DISEASE*) called attention to the peculiarities of surgery among the insane. In 1882, Dr. Schule (quoted in *JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1883) made an extended study of the subject. Dr. GINE Y PARTOGAS (*La Independencia Medica*, Año xxi.) calls attention to the various surgical affections found among the insane. Erysipelas, especially facial erysipelas, is common, and sometimes favorably influences the psychoses. Furunculosis and abscesses are common. Eczema and acne are to be very frequently found. Various self-mutilations from castration to œsophagotomy require attention. Herniæ are frequent. Insane patients do not very frequently complain of somatic affections, and hence constant care is needed.

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**Epileptic Insanity.**—Dr. RODRIGUEZ (*La Independencia Medica*, June 21, 1886) finds that the types of epileptic insanity observed by him tend to corroborate the views of Fabret and Souet that there are ante, post, and equivalent, types of epilepsy. He finds, also, that the equivalent may take the form of an imperative impulse.

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**Mental Excitement after a Cataract-Operation.**—Dr. THEO. W. FISHER (Report of the Boston Lunatic Hospital, 1885) reports the following case, which tends to corroborate the views expressed in the January, 1886, number of the *JOURNAL OF NERVOUS AND MENTAL DISEASE* as to the relation between senility, psychical disturbance, and cataract-operations: "Last summer an old lady, who has been an inmate of the hospital for thirty years, and who still retains considerable intelligence, was operated on for cataract by Dr. Wadsworth. She had been fond of reading and sewing, and the entire loss of sight by double cataract was a great deprivation to her. The operation was painless, under the use of cocaine, and was entirely successful, in spite of an

attack of excitement, which complicated the after-treatment. She is now able to read and sew, and enjoy her walks in the garden."

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**Increase of Insanity in the Aged.**—A private insane hospital affords a good means of testing such an alleged increase. Dr. H. P. STEARNS (Report of the Hartford Retreat, 1885) says that the percentage of admissions of persons above sixty years, during the last ten years, has considerably more than doubled, as compared with that of the ten years from 1850 to 1860, or any earlier decade. This large increase of admissions among elderly persons may be due to any one or more of several causes. It may possibly indicate that more old people become insane than formerly. Or it may be due to the fact that friends and relatives are at the present time less tolerant of the eccentricities and peculiarities of persons affected by a decay of their mental faculties ; or, again, it may arise from the fact that, owing to the increase of longevity during the last twenty or thirty years, there exist in communities a larger number of persons relatively to the whole population who are past sixty years, from which to recruit members as candidates for asylums. Dr. Clouston (Morningside Insane Hospital Report, 1885) calls attention to a similar fact.

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